

County of San Bernardino --- Risk Management Division

MEDICAL SERVICE ORDER FOR OCCUPATIONAL INJURIES OR ILLNESSES

Doctor: _____

Address: _____

Injured Employee: _____

Date of Injury: _____ (mm/dd/yyyy)

Employee #: _____

Time of Injury: _____

The above employee was injured while in our employment. Please give the necessary medical care immediately, then complete and send the "Doctor's First Report of Occupational Injury or Illness," all reports, bills, "Modified Work", "Off Work" and "Return to Work" orders to: **RISK MANAGEMENT DIVISION, 222 West Hospitality Lane, Third Floor, San Bernardino, CA 92415-0016 after faxing the completed Medical Service Order and Status Report to (909) 386-8711. Please call (909) 386-8655 if you have any questions.**

Supervisor Referring: _____
Print Name

Signature: _____
Signature of Authorizer

Department: _____

Phone Number: _____

Title: _____ Time: _____ Date: _____

The County of San Bernardino has a mandatory Modified Duty Program for County employees injured on the job. Please return the original of this form with the employee to their department after faxing or mailing a copy to Risk Management.

PHYSICIAN'S AUTHORIZATION TO RETURN TO DUTY

Attached is the employee's physical job description, if possible.

EMPLOYEE: _____ DEPARTMENT: _____ INJURY DATE: _____

This employee is under our care with a diagnosis of _____

1. ☐ May return to **REGULAR WORK** on _____ at _____
Date Time

2. ☐ May return to **MODIFIED WORK** on _____ at _____
 with the following restrictions: *Date Time*

- ☐ No prolonged or repetitive:
- | | | | | |
|-----------------------------------|-----------------------------------|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Turning | <input type="checkbox"/> Stooping | <input type="checkbox"/> Kneeling | <input type="checkbox"/> Climbing |
| <input type="checkbox"/> Pulling | <input type="checkbox"/> Twisting | <input type="checkbox"/> Squatting | <input type="checkbox"/> Pushing | <input type="checkbox"/> Keyboard Use |
| <input type="checkbox"/> Standing | <input type="checkbox"/> Sitting | <input type="checkbox"/> Walking (excess of _____ % of work shift _____ hours) | | |
- (Specify length of time, if any, for limitations: _____ % of work shift _____ hours)
- ☐ Restricted from lifting in excess of _____ pounds
- ☐ No hazardous machinery operation
- ☐ Not permitted to operate motor vehicle (over _____ hours daily)
- ☐ No exposure to noxious dusts, fumes, or chemicals
- ☐ No exposure to excessive noise
- ☐ No tasks requiring depth or color perception or point fusion
- ☐ No rotating or night shifts
- ☐ Restricted to working _____ hours per shift or 24-hour period.

3. ☐ Restriction is temporary for _____ days _____ weeks _____ months

4. ☐ Other restrictions _____

RETURN APPOINTMENT _____ at _____
Date Time Physician's Signature

Definitions of Physical Activities

1. **SITTING: Remaining in the normal seated position.** To rest weight on buttocks and back of thighs with legs bent at knees.
2. **STANDING: Remaining on one's feet in an upright position at a workstation without moving about.** To maintain entire body in erect posture without change in location.
3. **WALKING: Moving about on foot.** To move entire body for some distance using heel/toe gait.
4. **LIFTING: Raising or lowering an object from one level to another (includes upward pulling).** To exert physical strength necessary to move objects from one level to another.
5. **CARRYING: Transporting an object, usually holding it in the hands or arms, or on the shoulder.** While walking, to hold or rest weight directly on hands, arms, shoulders, back.
6. **PUSHING: Exerting force upon an object so that the object moves toward the force (includes slapping, striking, kicking, and treadle actions).** To exert force upon or against an object in order to move it away.
7. **PULLING: Exerting force upon an object so that the object moves toward the force (includes jerking).** To draw or haul toward oneself, in a particular direction, or into a particular position.
8. **CLIMBING: Ascending or descending ladders, stairs, scaffoldings, ramps, poles, and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.** To ascend or descend ladders, scaffolding, stairs, poles, inclined surfaces.
9. **KNEELING: Bending legs at knees to come to rest on knee or knees.** To position body with one or both knees fully flexed and resting on level surface.
10. **CROUCHING: Bending body downward and forward by bending legs and spine.** To flex forward at waist with full flexion of knees.
11. **CRAWLING: Moving about on hands and knees or hands and feet.** To move entire body along a surface with hip and knee flexion and arm extension/flexion.
12. **REACHING: Extending hands(s) and arm(s) in any direction.** To position arms with full extension of elbows.
13. **HANDLING/GRASPING: Seizing, holding, grasping, turning, or otherwise working with hand or hands. Fingers are involved only to the extent that they are an extension of the hand.**
14. **BALANCING: Maintaining body equilibrium to prevent falling when walking, standing, crouching, or running on narrow, slippery, or erratically moving surfaces; or maintaining body equilibrium when performing gymnastics feats. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.** To maintain body equilibrium on narrow or inclined surfaces.
15. **MANUAL DEXTERITY: Makes skillful, coordinated movements of fingers and hands to feel, grasp, place, move or assemble objects.**
16. **BENDING: To flex upper-trunk forward (knees extended, standing; knees flexed, sitting).**
17. **SQUATTING: To flex knees and hips, the buttocks being lowered to the level of the heels.**
18. **TWISTING: To rotate entire body to a change in direction.**
19. **TURNING: To rotate upper trunk to right or left from neutral while sitting or standing.**
20. **STOOPING: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscle.** To flex upper trunk forward at waist and partial flexion of knees.
21. **HEARING: Perceiving the nature of sounds.**

****NOTE:** Descriptions highlighted in **bold** were excerpted from the "Dictionary of Occupational Titles, 4th Edition Supplement 1986."

Distribution: For physician and department use as needed.